

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044906

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11646

FILED DEC 14 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

3 Days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

BARNES HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ill.

b. COUNTY

Marion

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN

Wamac

d. STREET

ADDRESS

(If outside, give location)

216 S. Wall St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FREDERICK Albert

SPEIDEL

4. DATE

OF  
DEATH

Month

Day

Year

DECEMBER

3

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/29/87

## 9. AGE (last birthday)

74

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Viking Freight Lines

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Salem, Ill.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Dismis Speidel

## 13b. MOTHER'S MAIDEN NAME

Lucy Schmidt

## 14. NAME OF HUSBAND OR WIFE

Amelia Speidel

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

Yes W.W.I

## 17. INFORMANT

Address

Amelia Speidel, Centralia, Ill.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

## INTERVAL BETWEEN ONSET AND DEATH

10 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

50 YEARS

DUE TO (c) 4200

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from NOV. 30, 1962

to DEC. 3, 1962

her

him

and last saw DEC. 3, 1962

Death occurred at

7:18 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M. D.

## 22b. ADDRESS

BARNES HOSPITAL

## 22c. DATE SIGNED

12/4/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

12/6/62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Evergreen

## 23d. LOCATION (City, town, or county)

Marion Co., Ill.

## 24. FUNERAL DIRECTOR

## ADDRESS

McLAUGHLIN'S, 2301 Lafayette

## 25. DATE RECD. BY LOCAL REG.

DEC 5- 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith M D

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James H. Chapman*

Licensed Embalmer No. 4550

P. O. Address St. Louis Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.